

Assessment of Field Readiness for the California Outcomes Measurement System (CalOMS) Questionnaire Instructions

General Instructions for Completion:

The purpose of this survey is to gather information from counties and direct providers¹ to assess their readiness to implement the California Outcomes Measurement System (CalOMS) for publicly funded alcohol and other drug treatment services and privately funded NTP treatment services. The survey contains specific questions regarding county and direct provider business processes, treatment clients, automated systems, and staff, for example. The survey is organized in the following sections:

- County/Interviewee Information
- Overall CalOMS Concerns
- Current Information
- Administrative/County Contracts with Providers
- Error Correction
- Admission/Intake
- Addiction Severity Index Lite, 5th Edition; Lite, Clinical Factors Version (ASI-Lite CF)
- Centralized Intake and Locator Information
- Client Case Management
- Continuum of Care
- Discharge
- Length of Stay
- Follow-up
- Automated Systems
- Communication
- Training Issues
- Toolkit
- Survey Feedback

Where possible, we have obtained data from ADP files to complete the answers to questions for your county or direct provider entity. For these questions we ask that you verify and update the data we have, as appropriate.

We anticipate that it will take you approximately two hours to complete the survey. You may need to gather information from various staff within your county and provider community to provide reasonable answers to the questions.

In addition to the hardcopy format enclosed, we have emailed a file to you that can be used to input your answers electronically and return to us as an email attachment. We

¹ Direct providers are providers who contract directly with the state.

ask that you return the survey (in either format) by the due date specified on the cover letter, which is one week after the regional meeting you are scheduled to attend.

If you wish to complete and return the survey in hard copy form, please mail it to:

Department of Alcohol and Drug Programs
Attention: Arielle Ocel
1700 K Street
Sacramento, CA 95814

If you are submitting the survey electronically, please e-mail it as an attachment to:
aocel@adp.state.ca.us.

Instructions for Completing the Survey Electronically:

The electronic survey is very easy to use and almost identical in look and feel to the hard-copy form. We encourage you to use it. Just open the survey document to start the survey (County_Survey_#.doc for counties or Direct_Provider_Survey_#.doc for direct providers). MS Word will be brought up and the survey will open. Use the <TAB> key to move between fields on the form. You will only be able to type into fields that are grayed, which indicate an entry field on the form. On the electronic survey, there are three types of fields:

1. Open entry fields

These fields are open text areas to type your response. For example, *Name* fields and *Comment* fields are open entry fields.

2. Drop down boxes

These fields allow you to select the most appropriate response from a list. For example, fields requiring a *yes* or *no* response use a drop down box. If you make an entry into the wrong field, click on the drop down box and click on the gray area at the top of the list and the field will clear.

3. Check box fields

These fields allow you to check each item that applies to your situation.

As you fill out the survey, please remember to save the form periodically. Once you have completed the survey, save the form, exit the document, and email your completed survey as an attachment to ADP (at the above address).

Instructions for Survey Sections

County/Interviewee Information

Please provide the names, titles, and telephone numbers for the staff within your county (for counties) or provider entity (for direct providers) who played a key role in addressing the questions in this survey. We will contact these people to clarify the answers you submitted and schedule a follow-up session to review your readiness assessment as a whole.

Overall CalOMS Concerns

Please give us your overall impressions of how CalOMS will impact your county (and the providers who deliver AOD treatment services under contract with your county) or provider entity (for direct providers). We understand that your answers are contingent on your understanding of ADP's vision for CalOMS, so we ask you to rate your overall understanding, as well. We are looking for "big picture" answers here. We understand that you probably do not have all of the information needed to provide us with solid implementation cost estimates, for example, but we are still looking for your impressions at this point in time.

Definitions:

By 'CalOMS' we mean the California Outcomes Measurement System and the people, processes and tools you will use to implement this system in your county.

By 'ASI-Lite CF', we mean the Addiction Severity Index Lite, 5th Edition; Lite, Clinical Factors Version for adults; University of Pennsylvania.

By 'locating client', we mean the process for establishing and maintaining contact with clients either during or after they leave treatment.

By 'follow-up assessment', we mean the process for assessing clients at specific points in time during or after the completion of a treatment experience.

By 'full-time staff position', we mean full-time staff equivalents of 1,850 hours.

By 'readiness' we mean the preparedness of people, processes and tools to implement CalOMS.

Current Information

Please validate the data we generated about your organization. If any of this information is incorrect or has changed, please make the necessary changes.

Administrative/Contracts with Providers

Please provide your impression of the impact CalOMS will have on your contracts with providers and the changes required with those contracts. Please provide how your payment structure and contract amounts will be affected. We are also looking for any impact on Drug/Medi-Cal (DMC) claims, on your sources of funding and any impact on the number of clients you will serve.

Error Correction

Please provide the process by which you correct errors on CADDs.

Admission/Intake

In this section we are looking at your current admission structure, processes and how they may change based on CalOMS and the implementation of Unique Client Identifier (UCI) collection.

ASI

In this section, we are looking at the use of the Addiction Severity Index (ASI) in your county (for counties) or provider entity (for direct providers). Please provide your current usage of the ASI tool and the impact of the implementation of the ASI-Lite CF in your county (for counties) or provider entity (for direct providers).

By 'ASI-Lite CF', we mean the Addiction Severity Index Lite, 5th Edition; Lite, Clinical Factors Version; University of Pennsylvania.

Please note the distinction of the ASI-Lite CF versus ASI (any version) in this section. We are attempting to gauge the overall impact of the implementation of the ASI as well as the selection of the ASI-Lite CF specifically.

Centralized Intake and Locator Information

Please provide your county's or direct provider's process for intake and admission. In this section we will also be looking at your organization's current process for tracking clients between sites and locating clients after discharge.

By 'locating client', we mean the process for establishing and maintaining contact with clients either during or after they leave treatment.

By 'service delivery experience' we mean one cohesive set of interactions with a client without more than a week break in services.

Client Case Management

Please provide your county (for counties) or provider entity (for direct providers) current methods of case management. This will provide ADP with a description of your current business process.

Case Management services are activities involved in the integrating and coordinating of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual services plans, monitoring and evaluation of progress, and community resource referrals.

Continuum of Care (For counties only)

In this section, we are looking at how your county tracks clients between sites.

Discharge

Discharge information is collected and entered once the participant is no longer active in this facility's program, or when there is a change in the type of service being provided.

Length of Stay

Please provide the number of clients remaining in treatment after 6 months.

Follow-up

Please provide your methods and procedures for client follow-up, if any. In this section, we are looking to gauge the impact of the follow-up process on your county (for counties) or provider entity (for direct providers).

By 'follow-up contact', we mean the process for assessing clients at specific points in time during or after the completion of a treatment experience. In this section we are not looking for the use of a specific tool, unless stated in the question.

By 'consortium', we mean a group of counties (or direct providers) pooling their resources to accomplish a task.

Automated Systems

Please provide your county and providers current level of automation. In this section we are looking to gauge your counties or direct providers cost of automation development and modification as well as any barriers to achieving the necessary automation for CalOMS.

By 'automated system', we mean a set of software programs for which a user enters data; the data is stored and used to generate reports.

By 'automated format', we mean data that is sent in an electronic format and is readable by an automated system, for example, ASCII text files. A file created by MS Word or MS Excel would not be considered an automated format for the purposes of this survey.

By 'number of IT staff', we mean full-time staff equivalents of 1,850 hours.

Communication

Please provide the level of communication you maintain with your providers and ADP as well as the method of communication most commonly used in your county (for counties) or provider entity (for direct providers).

Training Issues

Please provide your training needs for the implementation of CalOMS as well as your current methods of training.

By 'locator form' we mean a document where you gather information on how/where to contact a client once they leave treatment.

Toolkit

Please provide the items that would be helpful to your county or direct provider as a part of a field readiness toolkit for CalOMS.

Survey Feedback

Please provide us with feedback so that we can improve our technique and strategies for future surveys.